MIAMI-DADE PARKS NATURAL AREAS RESEARCH PERMIT APPLICATION



APPLICANT INFORMATION

Name:		Affiliation:			Date:	
Title:	undergrad	grad	faculty	rsch. assoc	other	
Address:						
Phones:	Business ors (names/affiliation	1):	home		FAX	
_ PROJECT IN	NFORMATION					
Project start date: fi			· · · · · · · · · · · · · · · · · · ·			
Title of Rese	arch Project:					
Funding sour	rce:					
Names of all	field personnel wo	orking on the p	roject:			
Proposed Pa	ırk research site(s)	(attach map o	of site with indica	ted areas):		
Study Subjec	ct(s) (organism, co	mmunity, phys	sical feature, arch	naeology, etc.):		
•				ïeld personnel, frequen	cy/timing of site visits, etc. (attach	
			More space provided	d on next page		

Potential impacts/disturbances to plants, animals, environment:
Describe all markings, flags, tape, tags, numbering, and their locations (use site map if needed):
What conditions (access, exotic plant control, wildlife exclusion, insect control, etc.) do you require within your study location?
SAMPLING/COLLECTING INFORMATION
Describe any sampling or collecting needs associated with your research:
Numbers and types of organisms to be collected:
'Describe sampling/collection methods (trapping, cutting branches, seed traps, etc.):
Proposed disposition of collected specimens:
Do you have a federal, state, or other agency research/collecting permit? YES NO If yes, please attach a copy.

Please make checks payable to Miami-Dade County

Send completed application, permitting fee, and all additional items to:

Research Review Committee Miami Dade Parks Natural Areas Management 22200 SW 137 Ave. Miami, FL 33170

Phone: 305-257-0933 **Fax:** 305-257-1086